

# SUMTER CITY-COUNTY PLANNING COMMISSION

POST OFFICE BOX 1449  
SUMTER, SOUTH CAROLINA 29151  
(803) 774-1660



## MINOR SUBDIVISION APPLICATION

☐ CITY ☐ COUNTY

### Applicant

Name

Phone

### Applicant's Address

Street

City

State

Zip

### E-mail Address

### Owner

Name

Phone

### Owner's Address

Street

City

State

Zip

### Registered Land Surveyor

Name

### Surveyor's Address

Street

City

State

Zip

### Tax Map No.

### Size of Parcel(s)

### Name of Proposed Subdivision

### Location of Proposed Subdivision

### Zoning

### Proposed Use

### Total Acreage

### Flood Hazard Area

☐ Yes

☐ No

☐ Partial

(Indicate which lot(s) may be affected)

### Wetlands

☐ Yes

☐ No

☐ Partial

(List acreage)

### Water Service:

### Proposed Method of Water Supply

### Approximate Distance to Nearest Water Main (if applicable)

### Sewer Service:

### Proposed Method of Sewer Collection & Disposal

### Approximate Distance to Nearest Public/Community Sewer

**NOTE:** If septic tanks are contemplated, the SC Health Department will require a Soil Report from the Soil Conservation Service and a Percolation Test Report. The Sumter City-County Planning Commission will **not** issue final approval until the SC Health Department has first approved sewerage service.

Name of Power Company \_\_\_\_\_

Name of Telephone Company \_\_\_\_\_

Proposed Streets      ☐ Paved with valley gutters      ☐ Paved with curb and gutter

Has the County Auditor approved the proposed street names?      ☐ Yes      ☐ No

*Is this tract or parcel restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described in this permit?*      ☐ Yes      ☐ No

Application Completed by      Owner ☐      Agent ☐ (See Below)

Agent’s Name \_\_\_\_\_ Phone \_\_\_\_\_

Agent’s Address \_\_\_\_\_  
Street City State Zip Code

Signature of Applicant Date

**CERTIFICATION**  
I hereby certify that I have read this application and the information supplied herein is true and correct to the best of my knowledge. I agree to comply with all applicable City and/or County Ordinances and State Laws related to land development. I am the property owner, or have received the owner’s written authorization to act as his/her agent regarding this matter. I understand that falsifying any information herein may result in nullification of this request and/or appropriate legal remedies.

Property Owner or Authorized Agent Name, Signature and Date

**APPLICATION MUST:**

- ◆ Be submitted at least 22 days prior to the next scheduled Subdivision-Planned Development Review meeting
- ◆ Include sketch plan of proposed subdivision and/or a plat of the property
- ◆ Include an application fee of \$50.00 or \$3.00 per lot (whichever is greater) (City or County)
- ◆ Review Article 9 of the Sumter Zoning and Development Standards Ordinance
- ◆ Please note that the Subdivision may be subject to Public Utilities Commission review if water and/or sewer concerns exist.

<b>OFFICE USE:</b>	
Date Fee Paid _____	Amount Paid _____
Received By _____	Meeting Date _____
Preliminary Approval Date _____	Final Approval Date _____